

TATTOO & BODY PIERCING PARLOR INSURANCE APPLICATION

To be eligible for this program the applicant must:

- Owner must have been in business for 3 years or equivalent experience.
- Must obtain signed waivers from all clients and provide aftercare instructions.
- Must have written sterilization, sanitation, and safety standards.
- No tattooing of minors under the age of 16.
- Must retain records.
- Must use new needles.
- Artists must be CPR & First Aid trained.

1. First Named Insured: _____
 (First Named Insured is responsible for premium payment, cancellation and changes – refer to policy wording.)
2. Type of Entity: Individual Joint Venture Partnership Organization (incl. Corporation) LLC Trust
3. Other Insureds: _____

Relationship to the First Named Insured: _____

4. Mailing Address: _____
 Street City County State ZIP Code

5. Contact Name: _____ Phone No.: _____ Fax No.: _____
 Email address: _____ Website Address: _____

6. Effective Date Desired: _____

7. Mortgagor (M) Additional Insured (AI) and Loss Payees (LP):

Type	Name	Address	City	State	Zip Code

8. Property Location Information

Loc. No.	Street Address	City	County	State	Zip Code
1					
2					
3					

9. Loss Information – (Loss Information for the past three years is required. If no insurance – state no insurance.)

Year	Carrier	Policy No.	Incurred Losses	Description of Loss

Coverages

Property (a schedule of buildings may be attached in lieu of completing the schedule below)

Loc. No.	Bldg #	Coverage	Limit of Insurance	ACV, RC or Agreed	Co-Insurance	Constr. Class	PC	Ded.
					80%			
					80%			
					80%			
					80%			
					80%			

Optional Exclusions: Theft Vandalism Windstorm/Hail

Coverage Extensions:

The following coverages are provided without additional charge at the limit indicated. For higher limits please indicate desired limit in space below.

Coverage	Limit Provided	Desired Limit	Coverage	Limit Provided	Desired Limit
Accounts Receivable	\$10,000		Money & Securities - Inside	\$2,500	
Business Computer Media/Data	\$10,000		Money & Securities - Outside	\$1,000	
Employee Dishonesty	\$5,000		Outdoor Property	\$10,000	
Extra Expense	\$1,000		Personal Effects	\$10,000	
Fine Arts	\$10,000		Property Off Premises	\$10,000	
FD Service Charge	\$2,000		Valuable Papers	\$10,000	

General Liability Limits

Per Occurrence: \$ _____

Aggregate: \$ _____

Hired and Non-Owned Liability: Exclude Include

Employee Benefits Liability: Exclude Include

Body Piercing Forms: Basic (Ears, Navel, Lip and Nose) Broad (Basic plus eyebrows, nipples, genitals & tongue)

Disease Sublimit (\$25,000/\$25,000) Exclude Include

Assault & Battery (\$25,000/\$25,000) Exclude Include (\$1000 deductible)

UNDERWRITING INFORMATION

General Section

1. Operation Profile

		Operations	
Total Sales	\$	Years in Business	yrs
Jewelry Sales	\$	Hours Open	To
Payroll	\$	# of Yrs Records Retained	yrs

2. Staffing

Artist(s) Name(s)	Years Exp.	FT, PT, Independent Contractor or Apprentice	Tattoo, Piercing Or Both	Do you perform "blushing", "eye showing" or "dermal Anchoring"? Yrs. Exp.?

***Get copy(s) of Independent Contractors Additional Insured Certificate naming our insured on their Policy (if we are not covering) Exclude Independent Contractors if not covered

3. Management Personnel:

Name	Age	Length of Employment	Years Experience

GENERAL LIABILITY UNDERWRITING

1. Are you a member of a State or National Tattoo or Body Piercing Association? Yes No
If yes: which association: _____
2. Are you licensed by the state or city and meet all city or state regulations? Yes No
3. Do you perform body piercing or tattooing on minors? Yes No
If yes, please explain: _____
4. Do you perform body piercings? Yes No
Please indicate which body parts piercings are performed on:
 Eyes Ears Lips Tongue Navel Nipples Genitals
 Other: _____
5. Do you require waivers on all of your clients and maintain copies on file? Yes No
6. Do you use new needles for each new client? Yes No
7. Do you use new gloves for each new client? Yes No
8. Do you have written sterilization, sanitation and safety standards? Yes No
9. Do you obtain a medical history on every client? Yes No
10. Do you provide clients with materials on aftercare of tattoos and/or body piercings? Yes No
11. Do you validate the age of all clients? Yes No
12. Do you videotape procedures for documentation procedures? Yes No
13. Do you have a policy for handling intoxicated persons? Yes No
If no, do ever allow intoxicated persons to have tattoos or piercings? Yes No
14. Do you have Blood Borne Pathogen Training? Yes No

- 15. Do you have an Autoclave System? Yes No
- 16. If you sell jewelry, is all Jewelry manufactured in the U.S? Yes No
- 17. Do you have a private piercing room? Yes No
- 18. Are you contracted with a bio waste disposal firm? Yes No
- 19. Are sharps waste containers used in your studio? Yes No
- 20. Are artists trained in CPR and First Aid? Yes No
- 21. Please describe your sterilization methods you employ:

- 22. Has anyone ever claimed to have contracted HIV, Herpes, or AIDS from you? Yes No
- 23. Do you perform tattoo or body piercing work away from your studio? Yes No
- 24. Do you have an apprentice program? If yes, attach a detailed description of the training program. Yes No
- 25. Do you purchase ink supplies from overseas suppliers or distributors? Yes No
- 26. Do you do eye-shadowing permanent make-up? Yes No
- 27. Do you do any "Areola Pigmentation"? Yes No
If yes, please complete and submit the Consent Form for Areola Pigmentation.
- 28. Do you have any other operations beside Tattooing and Body Piercing? Yes No
If yes, please describe: _____
- 28. Do you have 24 hour video surveillance in use on the premises? Yes No
a. If yes, how many cameras? ____ b. Do they have night vision? Yes No
- 29. If you own your building, do you lease space to others? Yes No
If yes, to whom: _____ sg.feet leased: _____

PROPERTY UNDERWRITING

1. Building Information (indicate year of updates – attach a separate sheet if necessary)

Prem #	Bldg. Age	Roof	HVAC	Plumbing	Electrical	Sprinklered (Circle One)	Fire Alarm* (Circle One)
1						Yes No	L P CS
2						Yes No	L P CS

* (L=local, P=Police Connected, CS= Central Station)

- 2. Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to loss of property owned now or during the past five years? Yes No
- 3. Distance to nearest fire hydrant? _____ Distance to nearest Fire Department? _____
- 4. Are pre-employment background checks performed on all employees? Yes No
- 5. Is there a weapon kept on premises? Yes No

****Assault & Battery Exclusion applicable if weapon on premises**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address Phone Number

NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING IF APPLICABLE

IDAHO FRAUD STATEMENT- Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD STATEMENT - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT (All other states) - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.

6-21-10